

**Brief Description of Business** 

Suncoast Professional Center, LLC

Гурс с	of Busines	s Organization

corporation limited partnership, already formed D business trust

Actual or Estimated Date of Incorporation or Organization:

Address of Executive Offices (Number and Street, City, State, Zip Code)

☐ limited partnership, to be formed

Month Year

□ Estimated

☑ other (please specify): Limited Liability Company

Telephone Number (Including Area Code)

Telephone Number (including Area Code)

(954) 515-0040

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

c/o Global of Suncoast, LLC, 17160 Royal Palm Blvd., Suite 2, Weston, Florida 33326

Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code)

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This Notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

					·-···
Check Box(es) that Apply:	☑ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first,	if individual)		•	•	
Global of Suncoast, LLC	and Oliverhan and C	Street, City, State, Zip Code)			
	` .			_	
17160 Royal Palm Blvd., Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first,	if individual)				Managing Partner
j					
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Code)			
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Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Rusiness or Recidence Addi	ess (Number and	Street, City, State, Zip Code)	1		
Susmess of Residence Addi	ess (maniori and i	saven ony, buile, 21p code)	•		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
Full Name (Last name first,	if individual)				Managing Partner
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Code)			•
<b>→</b> N					<del></del>
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	. Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			· · · · · ·	munaging i urmei
Business or Residence Addr	ess (Number and :	Street, City, State, Zip Code)		·	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first,	if individual)				Managing Partner
Business or Residence Addr	ess (Number and :	Street, City, State, Zip Code)		<del> </del>	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first,		· · · · · · · · · · · · · · · · · · ·			Managing Partner
	,		•		
Business or Residence Addr	ess (Number and :	Street, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)		· · ·		Managing 1 artifer
<u> </u>				_	
Business or Residence Addr	ress (Number and	Street, City, State, Zip Code)			
<u> </u>					
	•			•	

		:		B. IN	FORMAT	ION ABO	OUT OFF	ERING				
1.	Has the issuer s	sold, or does th	e issuer intend	d to sell, to n	on-accredited in	nvestors in this	s offering? .				Yes D	No ⊠
2.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?							\$ <u>100</u>	,000			
3.	Does the offerin	ne nermit inint	ownership of	'a sinole unit	9						Yes ⊠	No D
	Enter the inform	nation request	ed for each per	rson who has	been or will be	e paid or giver	, directly or ir	directly, any	commission or	similar remu	neration for	_
	Enter the inform solicitation of p dealer registere persons of such	urchasers in co d with the SEO a broker or do	onnection with and/or with a aler, you may	n sales of sec a state or stat set forth the	urities in the of es, list the nam information fo	fering. If a pe e of the broker r that broker o	rson to be lister or dealer. If or dealer only.	ed is an associ more than five	ated person or e (5) persons to	agent of a bro be listed are	oker or associated	
	(Last name first						-					
Business o	or Residence Ado	iress (Number	and Street, C	ity, State, Zıj	Code)							•
Name of A	Associated Broke	er or Dealer				·-						
States in V	Vhich Person Lis	ted Has Solici	ted or Intends	to Solicit Pu	rchasers	<del></del>						
outes in v	(Check "All Sta								☐ All States			
ſAl	L] [AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	(нл	ΙDΙ
· [II	L] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[МП	[MN]	[MS]	[MO]
fM1	[NE]	[NV]	(NH)	[אן]	[NM]	[NY]	· [NC]	[ND]	Гон	[OK]	[OR]	[PA]
[R	ı) [SC]	[SD]	[TN]	[TX]	ושון	[VT]	[VA]	[WA]	, lmal	ſWŊ	[WY]	[PR]
	Associated Broke  Which Person Lis		ted or Intends	to Solicit Pu	rchasers					•		
	(Check "All Sta	ites" or check	individual Stat	tes)					☐ All States			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[1A]	[KS]	[KY]	- [LA].	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	·[NV]	[NH]	[נא]	[NM]	[NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	, (UT)	[VT]	[VA]	[WA]	[WV]	ſWŊ	[WY]	[PR]
Full Name	(Last name first	t, if individual	)		<del> </del>				-			
Business o	ir Residence Ade	iress (Number	and Street, C	ity, State, Zi	p Code)							
Name of A	Associated Broke	er or Dealer										
	Vhich Person Lis		ted or Intende	to Solicit Pi	rehasors							
SIGNES III Y	Check "All State"),	1	•						□ All States			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[НІ]	(ID)
[IL]	ואון	[ <b>IA</b> ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
įмтη	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(Pi)	(SC)	ומפזי	ITNI	(TX)	ודו	IVTI	[VA]	[WA]	rwvi	rwn	(WY)	(PR)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C.	OFFERING PRICE	CE, NUMBER	OF	INVESTORS,	<b>EXPENSES</b>	AND	USE	OF	PROCEED:	S

	Type of Security		Aggregate	Amount Airea
		•	Offering Price	Sold
	Debt		\$_8,000,000	\$ 3,025,000
•	Equity	☐ Common ☐ Preferred	S <u>-0-</u>	S <u>0-</u>
	,	- 5		
	Partnership Interests	es (including warrants)	\$ <u>-0-</u> \$ <u>-0-</u>	\$ <u>-0-</u> \$ <u>-0-</u>
		Limited Liability Company Member Interests	\$_8,000,000_	\$ <u>1,225,000</u>
	Tota	* Note: Total offering of \$8,000,000 in any combination of Promissory Notes and Member Interests.	\$_8,000,000	* \$ <u>4,250,000</u>
	A	answer also in Appendix, Column 3, if filing under ULOE.		
2.	dollar amounts of th	accredited and non-accredited investors who have purchased securities in this offering and the aggregate eir purchases. For offerings under Rule 504, indicate the number of persons who have purchased agregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
			Investors	of Purchases -
	Accredited Investors		<u>36</u>	\$ <u>4,250,000</u>
	Non-accredited Inve	istors	0-	\$ <u>-0-</u>
	Tota	al (for filings under Rule 504 only)		\$
٠,	A	inswer also in Appendix, Column 4, if filing under ULOE	4	
3.	date, in offerings of	n offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to the types indicated, in the twelve (12) months prior to the first sale of securities in this offering, y type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of Offering		Security	Sold
			<del> </del>	<u>\$</u>
				\$
	Tota	12		\$
1.a.	amounts relating sol	of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude the elyto organization expenses of the issuer. The information may be given as subject to future contingencies, expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fe	cs	· G	⊠ \$
	Printing and Engrav	ing Cost.		Ý \$
	Legal Fees			<b>⊠</b> \$ <u>35,000</u>
	Accounting Fees	· · · · · · · · · · · · · · · · · · ·		☑ \$
	Engineering Fees	•	G	<b>⊠</b> \$
	Sales Commissions	(specify finders' fees separately)	0	× \$
	Other Expenses (ide	ntify)	[	⊠ \$
		al <sub>4</sub>		⊠ s
	100		L	<u>-</u>

5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be us shown. If the amount for any purpose is not known, furnish an estimate and check the box to the The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in	e left of the estimate.	
	Question 4.b above.	Payments t Officers, Directors, Affiliates	& Payments To
	Salaries and Fees		×
	Purchases of real estate.		区\$
	Purchase, rental or leasing and installation of machinery and equipment		\B\s
	Construction or leasing of plant buildings and facilities		<u> </u>
	Acquisition of other businesses (including the value of securities involved in this offering that m in exchange for the assets or securities of another issuer pursuant to a merger)		<u></u>
	Repayment of Indebtedness	×\$	<u> </u>
	Working Capital		<b>⊠\$</b> 7,965,000
	Other (specify):		
	A	·	
	Column Totals		<b>⊠</b> \$ 7,965,000_
	Total Payments Listed (column totals added)		7,965,000
	D. FEDERAL SIGNA	TURE	
under	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this nertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written requestor pursuant to paragraph (b)(2) of Rule 502.	otice is filed under Rule 505, the following uest of its staff, the information furnished	ng signature constitutes an I by the issuer to any non-accredited
	sucr (Print or Type) Signature	Date	
Su	uncoast Professional Center, LLC	Nov	ember 6, 2006
	and or organic (Trinicol Type)	gner (Print or Type)	
Ву	y: Global of Suncoast, LLC, its managing-member	. \	•
	By: David Ortiz Manage	r ()	
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ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)